

12/21/01

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.

N1429-00

First Inventor

Thomas R. WILLIAMS

Title

Inbred Corn Line HC53

For new nonprovisional applications under 37 CFR 1.53(b)

**Assignee Information:** Channel Bio Corp.
Kentland, Indiana**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

**Assistant Commissioner of Patents
Box Patent Application
Washington, D.C. 20231**

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification Total pages [41]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross references to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings
 - Detailed Description
 - Claims
 - Abstract of the Disclosure
4. ☐ Drawing(s) (35 USC 113) (Total Sheets) []
5. ☒ Oath or Declaration (Total Pages) [2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application
(37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
6. ☒ Application Data Sheet.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program
8. Nucleotide and/or Amino Acid Sequence Submission
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement
(when there is an assignee)
 - ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement /PTO 1449
 - ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s).
16. ☐ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i).
17. ☐ Other:

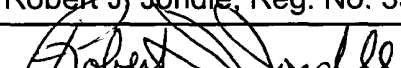
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below or in an application Data Sheet under 37 CFR 1.76::

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

Group/Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.☒ Customer Number or Bar Code Label **6449**

Address	Rothwell, Figg, Ernst & Manbeck Suite 701-East, 555 13th Street, N.W.				
City	Washington	State	D.C.	Zip Code	20004
Country	U.S.A.	Telephone	202-783-6040	Fax	202-783-6031
Name	Robert J. Jondle, Reg. No. 33,915				
Signature				Date December 20, 2001	

**FEE TRANSMITTAL
for FY 2001
(Large Entity)**

Complete if Known

Application Number	09/
Filing Date	
First Named Inventor	Thomas R. WILLIAMS
Examiner Name	
Group Art Unit	

Total Amount of Payment	(\$996.00)	Attorney Docket Number	N1429-001
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METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge additional fees and credit any overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck

☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status

☒ Payment Enclosed: Check

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Fee Paid	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	[]
127	50	Surcharge - late provisional filing fee or cover sheet	[]
139	130	Non-English specification	[]
147	2,520	For filing a request for reexamination	[]
112	920	Requesting publication of SIR prior to Examiner action	[]
113	1,840*	Requesting publication of SIR after Examiner action	[]
115	110	Extension for reply within first month	[]
116	400	Extension for reply within second month	[]
117	920	Extension for reply within third month	[]
118	1,440	Extension for reply within fourth month	[]
128	1,960	Extension for reply within fifth month	[]
119	320	Notice of Appeal	[]
120	320	Filing a brief in support of an appeal	[]
121	280	Request for Oral Hearing	[]
138	1,510	Petition to institute a public use proceeding	[]
140	110	Petition to revive -unavoidable	[]
141	1,280	Petition to revive - unintentional	[]
142	1,280	Utility issue fee (or reissue)	[]
143	460	Design issue fee	[]
144	620	Plant issue fee	[]
122	130	Petitions to the Commissioner	[]
123	50	Petitions related to provisional applications	[]
126	180	Submission of Information Disclosure Statement	[]
581	40	Recording each patent assignment per property (times number of properties)	[40.00]
146	740	Filing a submission after final rejection (37 CFR .129(a))	[]
149	740	For each additional invention to be examined (37 CFR 1.129(b))	[]
179	740	Request for Continued Examination (RCE)	[]
169	900	Request for expedited examination of a design application	[]

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL \$40.00

FEE CALCULATION

1. FILING FEE

Fee Code	Fee \$	Fee Description	Fee Paid
101	740	Utility filing fee	[740.00]
106	330	Design Filing Fee	[]
107	510	Plant Filing Fee	[]
108	740	Reissue Filing Fee	[]
114	160	Provisional Filing Fee	[]


SUBTOTAL \$ 740

2. CLAIMS

Total Claims	Extra Claims	Fee	Fee Paid
[32] - 20** = [12]	x	\$18 =	[216.00]
Independent Claims	[3] - 3** = []	x 84 =	[]
Multiple Dependent Claims	+ 280 =		[]

**or number previously paid, if greater;

SUBTOTAL \$ 216

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Robert J. Jondle, Ph.D Reg. No. 33,915				
SIGNATURE		DATE	December 20, 2001	DEPOSIT ACCOUNT USER ID	